



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 5, 2009

Merinda Halladay, Administrator
Belmont Care Center
3625 Vaughn Street
Pocatello, Idaho 83204

RE: Belmont Care Center, provider #13G046

Dear Ms. Halladay:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Belmont Care Center, on January 29, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of

Merinda Halladay, Administrator
February 5, 2009
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correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 18, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley", with a stylized flourish at the end.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/05/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2009
NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 VAUGHN ST POCATELLO, ID 83204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a one story, Type V(III) structure with a daylight basement. Residents sleep on the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. The facility is fully sprinklered and is licensed for 15 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under 42 CFR 483.470.</p> <p>The following deficiencies were cited during the fire/life safety survey on January 29, 2009.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000	<p>RECEIVED</p> <p>FEB 18 2009</p> <p>FACILITY STANDARDS</p>	
K0020	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Interior stairs are enclosed with ½ hour fire barriers, with all openings equipped with smoke-actuated automatic closing or self-closing doors having a fire protection rating comparable to that required for the enclosure. Stairs comply with 7.2.2.5.3. The entire primary means of escape is arranged so that it is not necessary for the occupants to pass from all spaces on that story by construction having not less than a ½ hour fire resistance rating. In buildings of</p>	K0020		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

M. Hallcoy

Administrator

2/17/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0020	<p>Continued From page 1</p> <p>construction other than Type II (000), Type III (200), or Type V (000), the supporting construction is protected to afford the required fire resistance rating of the supported wall. 33.2.2.4.</p> <p>Exception No. 1: Stairs that connect a story at street level to only one other story are permitted to be open to the story that is not at street level.</p> <p>Exception No. 2: Stair enclosures are not required in buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is separated from all spaces on that floor by construction having a ½ hour fire resistance rating.</p> <p>Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception.</p> <p>Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with</p>	K0020	<p>POC K0020 483.470(j)(1)(i) Life Safety Code Standard</p> <p>Adjustments will be made to the tension of the stairwell doors. In addition, the door handles will be replaced. This should ensure the doors latch each time they are closed.</p> <p>New adjustable self-closing hinges were purchased and ready to be installed on the dumbwaiter shaft doors. These self-closing hinges will ensure that the doors do not remain open and close all the way when released from the open position.</p> <p>Person Responsible: Maintenance, Home Supervisor and Administrator</p> <p>Monitor: Maintenance will complete a bi-monthly Fire Life Safety checklist of the facility to ensure the hinges remain self-closing and all fire doors are closing properly. Doors, hinges and handles will be replaced when needed. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.</p>		3/29/09

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K0020	<p>Continued From page 2</p> <p>33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.</p> <p>IMPRACTICAL</p> <p>Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1, 33.2.3.1.1</p> <p>Exception: Stairs are permitted to be open where complying with Exception No. 2 or Exception No. 3 to 32.2.2.4 and 33.2.2.4.</p> <p>This Standard is not met as evidenced by: (1.) Based on observation it was determined that both the upper and lower stairwell doors would not self close when released from the open position. This deficiency has the potential to spread fire and smoke to both levels in the event of a fire in the facility.</p> <p>Findings include:</p> <p>During the facility tour on January 29, 2009 at 9:25 AM, it was observed that neither the upper or lower doors to the stairwell would self close. The findings were observed and noted by facility maintenance director and surveyor.</p>	K0020			

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K0020	Continued From page 3 (2.) Based on observation it was determined that neither the upper and lower dumbwaiter shaft doors would self close when released from the open position. This deficiency has the potential to spread fire and smoke to both levels in the event of a fire in the facility. Findings include: During the facility tour on January 29, 2009 at 9:28 AM, it was observed that neither the upper or lower doors to the dumbwaiter shaft would self close. The findings were observed and noted by facility maintenance director and surveyor. This is a repeat deficiency cited during the survey conducted on February 6, 2008. The POC submitted on February 28, 2008, the Administrator stated that the hinges were replaced so the dumbwaiter shaft doors would self close and latch, with a completion date of April 6, 2008.	K0020			
K0021	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Vertical openings are protected so as not to expose a primary means of escape. Vertical opening are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire	K0021			

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K0021	<p>Continued From page 4 for not less than 20 minutes. 32.2.3.1.1, 33.2.3.1.1</p> <p>Exception: Stairs are permitted to be open where complying with Exception no. 2 or Exception No. 3 to 32.2.2.4, 33.2.2.4.</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the ceiling in the furnace room on the lower level has a hole approximately ten inches by ten inches in size in it. This deficiency has the potential to spread fire and smoke to the upper level in the event of a fire in the furnace room.</p> <p>Findings include:</p> <p>During the facility tour on January 29, 2009 at 9:20 AM, it was observed that the furnace room ceiling on the lower level has a hole approximately ten inches by ten inches in size in it. The findings were observed and noted by facility maintenance director and surveyor.</p>	K0021	<p>POC K0021 483.470(j)(1)(i) Life Safety Code Standard</p> <p>The ceiling in the furnace room will be repaired with 3M fire retardant foam. This will decrease the potential to spread fire and smoke to the upper level in the event of a fire in the furnace room.</p> <p>Person Responsible: Maintenance, Home Supervisor and Administrator</p> <p>Monitor: Maintenance will complete a bi- monthly Fire Life Safety checklist of the facility to ensure there are no vertical openings between floors. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.</p>		
K0056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority</p>	K0056			

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K0056	<p>Continued From page 5 having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed,</p>	K0056	<p>POC K0056 483.470(j)(1)(i) Life Safety Code Standard</p> <p>Sprinkler system inspections were completed on 1/29/09 following the survey. The tags were updated and new reports on file. The company that inspects the sprinkles was given update information on who to contact for annual reviews. Maintenance will also complete an annual checklist of inspections that need to be completed.</p> <p>Person Responsible: Maintenance, Home Supervisor and Administrator</p> <p>Monitor: Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. In addition, there will be discussion on inspections that are coming up or needed within the month.</p>	1/29/09	

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K0056	<p>Continued From page 6</p> <p>for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p>	K0056		

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K0056	<p>Continued From page 7 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>This Standard is not met as evidenced by:</p>	K0056			

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K0056	Continued From page 8 Based on observation and record review it was determined that the facility failed to ensure that the automatic sprinkler system was being annually inspected in accordance with NFPA 25. The annual inspection helps to ensure reliability of the system in the event of a fire in the facility. Findings include: During record review on January 29, 2009 at 9:16 AM, review of the last annual sprinkler system inspection report revealed it was dated November 27, 2007. Further observation of the tag on the sprinkler riser confirmed the date on the inspection report. The findings were observed and noted by facility maintenance director and surveyor.	K0056			
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action:	K0152			

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K0152	Continued From page 9 and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to hold evacuation drills at least quarterly on each shift. In the event of an emergency the drills help to ensure that staff on all shifts are trained and react accordingly for the type of emergency. Findings include: During record review on January 29, 2009 at 9:15 AM, revealed that the facility did not have any documentation for having held any fourth quarter drills and no graveyard shift drill during the third quarter during the previous twelve months. These observations were witnessed and noted by facility maintenance director and Surveyor.	K0152	POC K0152 483.470(j)(1)(i) Life Safety Code Standard Belmont will ensure that quarterly fire drills are completed and documented. The fire drills will be documented on the Care Tracker Kiosks. To ensure that Belmont is current on their fire drills, a drill will be run on each shift each month until they can be separated out back into the quarters. Person Responsible: Maintenance Supervisor, Home Supervisor, and Administrator Monitor: The Maintenance Supervisor and home supervisors will run the fire drills quarterly. They will complete the drills on the Kiosks. Reports will be pulled monthly and checked by the Administrator to ensure the drills were run.	3/29/09	
K0211	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD o Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor, the corridor is at least 6 feet wide o The maximum individual fluid dispenser	K0211			

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NAME OF PROVIDER OR SUPPLIER BELMONT CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3625 VAUGHN ST POCATELLO, ID 83204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0211	<p>Continued From page 10 capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that Alcohol Based Hand Rub Dispensers were not installed above an ignition source. In the event of leakage from the dispenser this deficiency has the potential to create a fire of a highly flammable nature.</p> <p>Findings include:</p> <p>During the facility tour on January 29, 2009 at 9:19 AM it was observed that an alcohol based hand rub dispenser was installed above an electrical receptacle in the day treatment room. The findings were observed by facility maintenance director and surveyor.</p>	K0211	<p>POC K0211 483.470(j)(1)(i) Life Safety Code Standard</p> <p>The hand rub dispenser was removed from the wall and placed in a different location. The new location is not above any ignition source.</p> <p>Person Responsible: Maintenance, Home Supervisor and Administrator</p> <p>Monitor: Bi-monthly the Maintenance Supervisor will complete the Fire Life Safety checklist to ensure all alcohol based hand rub requirements have been followed. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations.</p>	1/29/09	

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a one story, Type V(III) structure with a daylight basement. Residents sleep on the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. The facility is fully sprinklered and is licensed for 15 beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR).</p> <p>The following deficiencies were cited during the fire/life safety survey on January 29, 2009.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 18 2009</p> <p style="text-align: center;">FACILITY STANDARDS</p> <p>POC MM 324 16.03.11.110.02(e) Wastebaskets</p> <p>All plastic wastebaskets in sleeping rooms were replaced with noncombustible material. These wastebaskets are in line with the requirements for this regulation. Replacement wastebaskets were also purchased to ensure plastic was not put back in the sleeping rooms.</p> <p>Person Responsible: Maintenance, Home Supervisor, and Administrator</p> <p>Monitor: Maintenance will complete a bi-monthly Fire Life Safety checklist of the facility to ensure the wastebaskets remain noncombustible. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.</p>	
MM324	<p>16.03.11.110.02(e) Wastebaskets</p> <p>All wastebaskets must be of noncombustible or other approved materials. This Rule is not met as evidenced by: Based on observation it was determined that all sleeping rooms contained wastebaskets that were not made of noncombustible material. This deficiency has the potential to add to the fire load and not help contain a fire if one is started in the wastebasket.</p> <p>Findings include:</p> <p>During the facility tour on January 29, 2009 between 9:33 AM and 9:45 AM, it was observed</p>	MM324		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

M. Hall

TITLE

Administrator
NYKV21

(X6) DATE

2/17/09

Bureau of Facility Standards

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MM324	Continued From Page 1 that the sleeping rooms contained wastebaskets that were not made of noncombustible material. The findings were observed and noted by facility maintenance director and surveyor. This is a repeat deficiency cited during the survey conducted on March 8, 2007.	MM324		
MM327	16.03.11.110.02(h) Emergency Electrical Service Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. This Rule is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that all emergency electrical lighting would illuminate upon test. Lack of emergency lighting would potentially provide for a difficult evacuation of the building in the dark. The findings include: Observation on January 29, 2009 between the hours of 9:17 and 9:35 AM, disclosed that emergency lighting was not functioning upon pressing of the test button. The units were not functioning in the following locations: at hallway rear entrance (exit light), by the entrance to the stairwell on the lower level, and in the upper hallway. The findings were observed and noted by facility maintenance director and surveyor. This is a repeat deficiency cited during the survey conducted on February 6, 2008.	MM327	POC MM 327 16.03.11.110.02(h) Emergency Electrical Service The emergency lighting units in the hallways, stairwells and entrances was corrected. Bulbs in the exit light in the upper and basement hallway were replaced to ensure appropriate lighting. Bi-monthly facility inspections and testing of the lights will be completed. Person Responsible: Maintenance, Home Supervisor, Administrator Monitor: Maintenance will complete a bi-monthly Fire Life Safety checklist of the facility to ensure the emergency lighting is functioning properly. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator will complete environmental audits with maintenance and the home supervisor.	3/29/09